## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.	
	FILING DATE
APPLICANT(S)	

U.S. DEPARTMENT & COMMERCE

CLAIMS

	7		1		·		CLAL	MS							
		AS FILED		AFTER 1°AMERIDMENT		AFTER 1 AMENDMENT			AS FILED		Al	AFTER		AFTER	
1	IND.	DEP.	IND.	DEP.	IND.	DEP.	j	1	IND.	DEP			1"AM	EXOMENT	
2	<del></del>	<del> </del>	<del> </del>		<del> </del>		]	51		201	100.	DEP.	IND.	DEI	
3		1	<del> </del>	<del> </del>	<del> </del>		-	52			1	<del> </del>		-	
4			1		<del> </del>	<del> </del> -	1	53	<b> </b>				-		
5	<u> </u>				1	<del> </del> -	1	<u>54</u> 55	<del> </del>	<u> </u>			1-	<del> </del>	
6							1	56						1	
7	┥	<del> </del>	<b></b>				1	57			-{				
9	<del></del>		<b></b>				]	58			-	<b></b> -	-		
10	<u> </u>							59		-	<del> </del>		<del></del>		
11				-				60			1		<del> </del>		
12								61					<del> </del>		
13								62			-				
14		·						64.		<u>.</u>	-				
15								65							
16 17								66							
18	<del>                                     </del>							67							
19								68							
20				-				69	I				[		
21								70					1		
22								71 72							
23								73							
24	<del>  </del>							74							
25 26	<del>  </del>							75				<u> </u>	<del>  </del>		
27								76							
28								77					1		
29					-			78							
30								79 . 80							
31	·							81			<b>  </b>				
32								82						_ :	
33								83							
35	-	<u>-</u>						84						<del></del>	
36				·				85							
37								86							
38								87 88					-		
39								_ 89	<del></del>			;			
40								90							
42								91							
43								92							
44			-					93							
45								95				!		<del></del>	
46							i	96		——i					
47		+				]		97	•						
49							1	98							
50					<del>-  </del> -		ŀ	99							
OTALIND.		17		M			}	100							
OTALDER	J	4		#		*	}	TOTAL END.		1		12		食	
TOTAL			r	CADA TE		( <del>X</del>	ļ	TOTAL DCr		'A	<	(a	4	<b>⟨</b> =	
CLAIMS	Įž.	經歷		E COL	ÿ		Į	TOTAL CLADUS			The state of the s		19		

Best Available Copy